

## Application to Request Reasonable Accommodation of Religious Observance or Practices

## Section A

|  |                         |                           |
|--|-------------------------|---------------------------|
| Name:  | Civil Service Title:    | Job Title (if different): |
| Office/Unit/Bid/Post:  | Work Location/Facility: | Telephone Number(s):      |
| E-mail Address:  |                         |                           |
| Preferred Method of Communication:   |                         |                           |
| <b>I am requesting the following reasonable accommodation(s) of my religious observance or practice:</b> |                         |                           |
| <b>It is necessary for me to have this accommodation for the following reason(s):</b>                    |                         |                           |

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

The employee should retain a copy of this form. The original is filed by the *DRA*.